## EXHIBIT B

United States Bankruptcy Court	Drs	TRICT (	⊁ Nev	ada	_	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL  WERTGAGE COMPANY  Case Number  OG-10725-LBR						PROOF OF GLAIIVI
NOTE This form should not be used to make a claim for an administrative expense in the case. A request for payment of an administrative expense in	t					
Name of Creditor (The person or other entity to whom the debies owes money or property)  SHEROW TRUST DATED  9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars					
Name and address where notices should be sent  AARON OSHEROW, TRISTEE  200 S. BRENTWOOD BLVD H9d  ST LOUIS, MG 63105		Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the			15	
Last four digits of account or other number by which creditor	Che	Check here   replaces				THIS SPACE IS FOR COURT USE ONLY
identifies debtor	1f tr	us claım	amer	ids a previously	filed	claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other			ages, sal ast four c npaid co	artes, and compedigits of your SS mpensation for se	nsatio # ervice	
2 Date debt was incurred 4/18/05	3.	If cou	rt judgn	ent, date obtain	ied	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$544,233.01  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority.  Amount entitled to priority \$	or claim, or none or which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ mounts ar	Check the of set	is box if your claim of the scription of Collaters Size and other claims of the scription of Collaters Size are and other claims of the scription of the script	m is so	ecured by collateral (including bincle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$544	,233.	- باسالست	544,233.	07	\$544.233.DV
Check this box if claim includes interest or other charges in additional charges	dition to th	(unsecure le principa	xd) al amoun	(secured) it of the claim At	(pric	ority) (Total) temized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim				-	Тн	IS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments.	acts court.  ID ORIGII	judgment NAL DO	s, mortg	ages, security		FILED JAN 1 0 200
8 Date Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ling of you	ır claım, e	nclose a	1, 11-	ED	1 0 2007
JAN 9, 2007 file this chan (attach copy of power lattor	mey, if any	True	Tee	,		LISA CMO
AARON I OSHE	ROW,	TRO	STEE	Ę		USA CMC

## FORM B10 (Official Form 10) (10/05)

NOTE. This form should not be used to make a claim for an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an adamissistative expense arising after the commencement of the case: A request' for payment of an administrative expense arising after the commencement of the case: A request' for payment of an administrative expense arising after the commencement of the case: A request' for payment of an administrative expense arising after the commencement of the case: A request' for payment of an administrative expense arising after the commencement of the case: A request' for payment of an administrative expense arising after the commencement of the claim case and commenced and case and case arising after the commencement of the claim and case arising after the commencement of the claim and case arising after the commencement of the claim and case arising after the commencement of the claim and case arising after the commencement of the claim and case arising after the commencement of the claim and case arising after the commencement and case arising after the count.    Check the payment of the claim and case arising after the count. It is a case and case arising after the count. It is a case and case arising after the count. It is a case and case and case arising after the count. It is a case and case and case and compensation (fill out below) that the claim of the claim and the time secured by a case and compensation (fill out below). Last of the payment of the claim and the time secured and cas						
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debtor owes money or property)  PENINEFER C PELE TRUSTEE OF THE PEELE SPOUSAL TRUST 2/10/87  Nam. and address where negrees should be sent.  PENINEFER C PEELE  RENO NV 8919  Telephone number 175 827 5985  Last four dupts of account or other number by which creditor includes the debtor of the address offers from the address on the envelope sent to you by the court.  The peece of the state of the state of the period of claim and the court of the debtor of the state of the state of the state of the state of the period of claim and the court.  The peece of the state of the state of the period of claim and the state of the period of claim and the court.  Check box of you have never received any nonces from the address of the state on the envelope sent to you by the court.  The peece of the court.  Restree benefits as defined in 11 U.S.C. § 1114(a)  Wages salaries and compensation (fill out below)  Last four digits of your SS \$  Unpaid compensation for services performed from (date) (date)  Check this box if of your claim and state the amount of the claim at the time services performed provided the court of the claim at the time services performed from the court jurish of your claim as secured by collateral (state)  Check this box if you have an unsecured claim all or part of which is a state of the property securing it, or if of) none or only part of your claim is exceed the value of the property securing it, or if of) none or only part of your claim secured within 180  Check this box if you have an unsecured claim all or part of which is a specific to pronty of the claim.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or a state of the property securing it, or if of) none or only part of your claim is entitled to pronty \$  Specify the pronty of the claim.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or a state of year of						nt
The court depts of account or other number by which creditor indentifies debtor   The court depts of account or other number by which creditor indentifies debtor   The court depts of previously filed claim dated.   12/11/4	debtor owes money or property) JENNEFER C PEEL THE PEELE SPOU  Name and address where notices sh JENNEFER C PEEL 2581 RAMPART TE RENO NV 89519	E TRUSTEE OF SAL TRUST 2/10/87 Invited the sent. ERRACE	else has f your clai giving pa Check bo notices fi case Check bo	filed a im Attorticular ox of your thousand the control ox of the control ox	proof of claim relating to ach copy of statement is. ou have never received a e bankruptcy court in the e address differs from the	any his
Retiree benefits as defined in 11 U S C. § 1114(a)  Wages salaries and compensation (fill out below)  Last four digits of your \$8 # Unpaid compensation (fill out below)  Last four digits of your \$8 # Unpaid compensation for services performed  Personal injury/wrongful death  Taxes  Other SEE EXHIBIT A  Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time See reverse such for important explanations.  Unsecured Nonpriority Claim \$2.53.112_0   Check this box if 3 there is no collateral or lien securing your claim, or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is estuded to priority  Lineary Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim.  Domestic support obligations under 11 U S C § 507(a)(1)(A) or a services for personal family or household use -11 U S C § 507(a)(1)(B)  Wages, salaries, and compensation (fill out below)  Last four digits and cour give its earlier from (date)  (date)  Check this box if your claim at the time Secured Claim, or only part of your claim is secured by collateral in a right of section.  Wages salaries and compensation for services performed  From (date)  Check this box if your claim at the time securing your claim, or only part of your claim is secured by collateral in a right of section.  Unsecured Priority Claim  Amount entitled to priority  Specify the priority Claim  Other Specify applicable paragraph of 11 U S C § 507(a)(1)  Taxes or penalties owed to governmental units -11 U S C § 507(a)(1)  Taxes or penalties owed to governmental units -11 U S C § 507(a)(1)  Check this box if you have an unsecured clai	Telephone number 775 E		the court Check he	re V	Treplaces	THIS SPACE IS FOR COURT USE ONLY
Goods aold Services performed Wages salaries and compensation (fill out below) Services performed Wages salaries and compensation (fill out below) Unpaid compensation for services performed from	identifies debtor		if this cla	ım	amends a previously	filed claim dated. (2/1/06
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time. See reverse side for important explanations.  Linsecured Nonpriority Claim s 25.3 1/2 0  Check this box if a) there is no collateral or lien securing your claim, or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, sataries, or commissions (up to \$10,000), acaned within 180 (axy before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  Check this box if your claim is secured by collateral aright of setoff)  Up to \$2,225* of deposits toward purchase, lease, or rental or services for personal family or household use - 11 U.S.C. § 507(a)(1)(B)  Wages, sataries, or commissions (up to \$10,000), acaned within 180 (axy before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  Check this box if your claim is secured by collateral aright of setoff)  Up to \$2,225* of deposits toward purchase, lease, or rental or services for personal family or household use - 11 U.S.C. § 507(a)(1)  Taxes or penalities owed to governmental utusts - 11 U.S.C. § 507(a)(3)  *Amounts are subject to adjustment on 41/107 and every 3 years twith respect to cases commenced on or after the date of adjusting the proof of claim.  Check this box if your claim is secured by collateral and deducted for the purpose of making this proof of claim.  This Sevol is for Court microst or additional charges.  Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  This Sev	Goods sold Services performed Money loaned Personal injury/wrongfu			Wag Last Unp	es salaries and compe four digits of your SS and compensation for s	ensation (fill out below) # services performed
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 253, 1/2.0   If Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* carned within 180 usiness, whichever is earlier - 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  Total Amount of Claim at Time Case Filed.  Check this box if your claim is secured by collateral is a right of setoff)  Secured Claim  Check this box if claim is secured by collateral is a right of setoff)  Brief Description of Collateral  Real Estate  of Collateral value of Collateral value of Collateral value of Collateral is a right of setoff)  Brief Description of Collateral value of Collateral	2. Date debt was incurred.	ECEMBER 2003	3. и	court	judgment, date obtai	ned
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Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.  6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the	5. Total Amount of Claim at	Time Case Filed.			/_	/ 253,712.01
making this proof of claim.  7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the	Check this box if claim includes interest or additional charges.	interest or other charges in addi			(secured) / amount of the claim A	(priority) (Total) ttach itemized statement of all
Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)	7 Supporting Documents: Atta orders invoices itemized statemagreements, and evidence of per documents are not available, exp 8. Date-Stamped Copy: To receive addressed envelope and copy of the Sign and printing file this claim.	ich copies of supporting documents of running accounts, contract fection of lien. DO NOT SEND claim. If the documents are voluming an acknowledgment of the filling this proof of claim. It the name and title if any, of the filling that the copy of power of attornations.	nts, such as process, court judge O ORIGINAL I incus, attach a ng of your class e creditor or ot sey, if any)	pomissonents, DOCU summ m, enc	ry notes, purchase mortgages, security IMENTS If the pary lose a stamped, self-	THIS SPACE IS FOR COURT US ONLY  FILED JFN 1 2 2007

FORM DIO (Omciai Form To) (10/05)		
United States Bankruptcy Court	DISTRICT OF Nevada	DDOOE OF CLAIM
Name of Debtor	Case Number	PROOF OF CLAIM
USA Commercial Mostance Compan	My inter IRD	
NOTF This form should not be used to make a claim for an adminis		
of the case. A request" for payment of an administrative expense ma	iv be filed pursuant to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating to your claim Attach copy of statement	
Dennis Racci, a married man dealing	giving particulars	
Name and address where notices should be sent	Check box if you have never received any	
1 - ^	notices from the bankruptcy court in this	
Dennis RAGGI	Case Check box if the address differs from the	
PO Box 10475, ZEphyie Cove, NV 89448	address on the envelope sent to you by	THIS SPACE IS HOR COURT USE ONLY
Telephone number 775-901-1357	the court.	THIS SPACE IS PUR CLAURE USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here If this claim amends a previously filed of	aloum dotted 12-29-06
resimply debtor	amends a previously mear c	mann dated. 1 = 1 -
1 Rasis for Claim	Retiree benefits as defined in [1]	7 7
Goods sold	Wages salaries, and compensation	on (fill out below)
Services performed Money loaned	Last four digits of your SS # Unpaid compensation for service	es performed
Personal injury/wrongful death	_	o portormou
Taxes Sce Exhibit A	fromtoto	(date)
X Other SQ = X 1/10/1	(54.5)	(vary)
2. Date debt was incurred	3. If court judgment, date obtained:	
COOS SIBMINOU		
4 Classification of Claim Check the appropriate box or boxes the	at best describe your claim and state the amount of	the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 2,442,034 35	Secured Claim	
1 6.2	Check this box if your claim is se	ecured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) i	r claim, or a right of setoff)	source of posterior (moreonic
only part of your claim is entitled to priority	Brief Description of Collateral	
Unsecured Priority Claim	Real Estate Motor Veh	nicle Other
Check this box if you have an unsecured claim all or part of w	Value of Collateral \$ Uw W	bwn
entitled to priority	Amount of arrearage and other charges	at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 36,898	23
_		
Specify the priority of the claim	Up to \$2,225* of deposits toward purcha or services for personal family, or house	ise, lease, or rental of property
Domestic support obligations under 11 U S C \ 507(a)(1)(A) of (a)(1)(B)	§ 507(a)(7)	110M 40C - 11 O.5 C
	Taxes or penalties owed to governmental	units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankriptcy petition or cessation of the debte	, 1QA pinag	
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/07	
Contributions to an employee benefit plan - 11 U S C. § 507(a)		fter the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 2,442,034 35 2,442,034 35	2,442,034 35
panery.	(unsequent) (secured) (none	vaty) (Total)
Check this box if claim includes interest or other charges in additional charges.	ition to the principal amount of the claim. Attach its	emized statement of all
6. Credits: The amount of all payments on this claim has been	credited and deducted for the purpose of	S SPACE IS FOR COURT USE ONLY
making this proof of claim	· · ·	FOR THE CAURI ON CARY
7 Supporting Documents Attach copies of supporting docume	nts, such as promissory notes, purchase	
orders invoices, itemized statements of running accounts, contrac	cts, court judgments, mortgages, security	
agreements, and evidence of perfection of lien DO NOT SENI documents are not available explain If the documents are voluments		
8. Date-Stamped Copy: To receive an acknowledgment of the file	na of your claim, applies a started and	20 2007
addressed envelope and copy of this proof of claim	ing or your craim, circlose a stamped, self-	JAN 1 2 2007
Date Signand print the name and title, if any, of the	IC CICLIEUS OF CHIESE OPENOUS MORROTZEZO IA	
18/2007 file this claim (attach copy of power of attorn	ney, if any)	
1/20 v/505)		1104.0340
Penulty for presenting fraudulent claim. Fine of up to \$500,000 or i	imprisonment for up to 5 years, or both 18 U	USA CMC
		1072502226

DISTRICT OF NEYADA	OOF OF CLAIM						
USA Commercial Mortgage Co. 06	-10725-LBR						
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating to						
Name of Creditor and Address	your claim Attach copy of statement giving particulars						
Dennis RAGGI PO Bex 10475	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT					
Zephya Cove, Wevala 89448-2475	Check box if this address differs from the address on the envelope sent to you by the court	ONE OF THE DEBTORS.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again					
Creditor Telephone Number ( ) 775 901 1357  Last four digits of account or other number by which creditor identifies debtor	10000	THIS SPACE IS FOR COURT USE ONLY					
	Check here replace or amend	a previously filed claim dated					
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C	\$ 1114(a) Inremitted principal					
Services performed Tayon D Wages,	salaries, and compensation (fi	ll out below)					
[7] Cu (1) Last for	r digits of your SS#	(not for loan balances)					
Money Acidin Trust Acc	compensation for services perf	ormed from to (date) (date)					
	OURT JUDGMENT, DATE OF	STAINED					
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc See reverse side for important explanations	ribe your claim and state the amour	nt of the claim at the time case filed					
UNSECURED NONPRIORITY CLAIM \$ 27 3040	SECURED CLAIM						
Chack this box if: a) there is no collateral or lien securing your claim or b) your claim	Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to property.						
UNSECURED PRIORITY CLAIM	Brief description of o						
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate	Motor Vehicle					
Amount antitled to promb							
Specify the priority of the claim	secured claim, if any: \$	other charges at time case filed included in					
Domestic support obligations under 11 U S.C § 507(a)(1)(A) or (a)(1)(B)	I In to \$2 225* of deposite towers	purchase, lease or rental of property or					
Wages salaries, or commissions (up to \$10 000)* earned within 180 days	services for personal, family or	household use -11 U S C § 507(a)(7)					
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		emmental units - 11 U S.C § 507(a)(8)					
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustr	raph of 11 U S C § 507(a) () ment on 4/1/07 and every 3 years thereafter ad on or after the date of adjustment					
5 TOTAL AMOUNT OF CLAIM \$ 27307 Clo \$	\$	- \$ 27304°C					
(unsecured)	-	( prionty) (Total)					
Check this box if claim includes interest or other charges in addition to the principal		<u> </u>					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary							
B DATE-STAMPED COPY To receive an acknowledgment of the filing of y proof of claim	our claim enclose a stamped,	self-addressed envelope and copy of this					
Attn USACM Claims Docketing Center Autn USA	g Pacific time, on November ns, joint ventures, trusts and OR OVERNIGHT DELIVERY TO UD CM Claims Docketing Center	13, 2006 USE ONLY					
P O Box 911 1330 Eas	Franklin Avenue lo, CA 90245	FILED JAN 0 8 200					
DATE SIGN and print the name and title if any of the creditor of	other person authorized to file						
12 29 - 2006 In The claim (attach copy of power of attorney if any)	1						
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	CAGGI Sweets or both 1811SC SE15	USA CMC					

		<del></del>			
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLA	MI		
Name of Debtor	Case No	umber			
USA Commercial Mortgage Co.	06	-10725-L	.BR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else filed a proof of claim relayour claim. Attach copy	has ating to		
Name of Creditor and Address		statement giving particul			
Rebecca A Rogers Trustee Rebecca A Rogers Trust dated	1/18/96	Check box if you hat never received any notice from the bankruptcy cou	ces urt or		IS PROOF OF CLAIM FOR A
2309 Siema Heights DR		BMC Group in this case  Check box if this ad	16	SECURED INTER ONE OF THE DEA	EST IN A BORROWER THAT IS NOT STORS
Las Cegas, NV 89134 Creditor Telephone Number (702) 84 0794		differs from the address envelope sent to you by court	on the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of	debtor		replace		E 10 1 OK OODKI BOE OKE!
ClientID = 3093 AccfID = 366	2	Check here III	amend	a previously	filed claim dated
1 BASIS FOR CLAIM  Goods sold  Personal injury/wrongful death	Retiree I	benefits as defined in 1	11 U S C	§ 1114(a)	Unremitted principal
Services performed Taxes		salaries and compens r digits of your SS #	sation (fil	ll out below)	Other claims against service (not for loan balances)
Money loaned		compensation for service	ces perf	ormed from	to
2 DATE DEBT WAS INCURRED Weenly 2003	3 IF C	OURT JUDGMENT, D.	ATE OF	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that					ne time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 27 4 44 5 5 6		SECURED CLAI			
UNSECURED NONPRIORITY CLAIM \$ 274, 442 59  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claım ur claım ıs	a right of set	toff)		ed by collateral (including
UNSECURED PRIORITY CLAIM		Brief descrip			Пои
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Coll		Motor Vehicle	
Amount entitled to priority \$				\$ unt	at time case filed included in
Specify the priority of the claim		secured claim if			at time case med moldded in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)					or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Γ	services for personal far Taxes or penalties owe	-		3 (,,,,
business whichever is earlier - 11 U.S.C. § 507(a)(4)		Other - Specify applica	-		Ŧ ',','
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to with respect to cases of			d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 2.74, 442.54 \$ AT TIME CASE FILED (unsecured)	7	42,59 \$ secured)		( priority)	\$ 27444Z 59 (Total)
Check this box if claim includes interest or other charges in addition to the	`	•		(1 - 2)	· ·
<ul> <li>6 CREDITS The amount of all payments on this claim has been cred</li> <li>7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u></li> <li>Attach copies of supporting documents</li> <li>Attach copies of supporting documents</li> <li>Attach copies of supporting documents</li> </ul>	<i>ments,</i> su	uch as promissory note ts and evidence of perf	es purch	nase orders invo	oices itemized statements of
DOCUMENTS If the documents are not available explain. If the d  8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	e filing of y	your claim enclose a st	tamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group	, prevailir orporatio BY HAND	ng Pacific time, on Na ons, joint ventures tru OR OVERNIGHT DELIVE	wember usts and	13, 2006	THIS SPACE FOR COURT USE ONLY 007  JAN L 0 2007
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1330 Eas	oup ACM Claims Docketing at Franklin Avenue do CA 90245	Center	FILED	JAN 1 0 2007
DATE 9 2007 SIGN and print the name and title if any of this claim (attach copy of power of attor	e creditor o		to file		USA CMC 11111111111111111111111111111111111

## FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUP	TCY COURT _		D	IST RIC	0 13	i <u>N</u> e	evada			PROOF OF CLAIM
Name of Debtor	me of Dubtor LSA Commercial Montgage Company  Case Number  06-10725-LBR										
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement											
of the cise. A requ											
Name of Creditor (T		other entity to w	hom the						that anyone		
Robert 4.1	Fuller 7		f the	yo	ur cla		ttach		statement		
RGF REVEC Name and address w				∏ a	neck b	ox it y	you ha		r received a		
Robert Fully	~			Ca ca	se			. ,	court in th		
5172 English Las Vegas,	NV 894	12		1 🗀					fers from th t to you by	е	THIS SEACE IS FOR COURT USE ONLY
Telephone number  Last four digits of ac	<u> 702                                   </u>	<u> 57 - 499  </u>	nich creditor		e cour neck h		rep	laces			THIS SIACE IS FOR COOKE OSE ONLY
identifies debtor					this cl				previously	filed	claim dated
1 Basis for Cla											USC § 1114(a)
	performed				L	La	st fou	ir digits (	of your SS	#	
Money le	oaned injury/wror	gful death									es performed
Taxes	Sec Expl	JAY A				110	om	(da	ite)	10_	(date)
2 Date debt wa				3	If	cour	t judg	gment,	date obtan	red	
April 2											
4 Classification of See reverse side to	f Claim Cl for important	eck the appropri explanations	ate box or boxes th	at best d			r claim ed Cl		ate the amou	unt of	the claim at the time case filed
Unsecured Nonpr					15	<b>-</b> /			if your clay	m 10 0	secured by collateral (including
Check this box b) your claim excee	x if a) there ds the value	is no collateral of of the property	or lien securing you securing it or if c)	r claim on none or	or a	right	of set	toff)	n your clar	111 15 5	secured by conficing (including
only part of your cit	aim is entiti	ed to priority			4				on of Colla		chicle Other
Unsecured Priority  Check this box	_	an unsecured of	aim all or part of u	vhich is			_		teral \$_1		L
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Secured claim if any \$3,523.62											
Amount entitled to p					. —						
Specify the priority of t					Up or s	to \$2,	,225* es for	of depos personal	sits toward I family or	purch hous	hase lease or rental of property ehold use 11 U S C
(a)(1)(B)	ort obligation	s under 11 U S	C \$ 507(a)(1)(A) o	r F	§ 5	07(a)(	(7)		-		
Wages salaries	or commiss	ions (up to \$10 (	000) * earned within	n 180	ı						al units 11 U S C § 507(a)(8)  11 U S C § 507(a)()
days before filing of business whichever				-	\ \mour	ıts are	subje	ect to ad	justment on	4/1/0	7 and every 3 years thereafter
			- 11 U S C \ 507(a							on or	after the date of adjustment
		at Time Case l			(UI	isecure	d)	(sec	<b>S23.</b> (2) cured)	(pri	ority) (Total)
interest of additi	ional charge									tach	itemized statement of all
6 Credits The making this proof	amount of a	ill payments on	this claim has been	credited	and c	leduct	ted for	r the pur	pose of	TH	HS SPACE IS FOR COURT USE ONLY
7 Supporting Do	cuments	Attach copies of	supporting docume	ents such	as pi	romis	sory n	notes pu	rchase		
orders invoices in agreements and	itemized star evidence of	ements of runni perfection of he	ng accounts contra en DO NOT SEN	octs cour	t judg INAI	ments	mor	tgages	security f the		2007
documents are no	ot available	explain If the d	ocuments are volur	minous a	ttach	a sum	mary			FIL	ED JAN 11 2007
8 Date Stamped ( addressed envelop	pe and copy	of this proof of									
Date	Sign and	print the name a	nd title if any of the street of the street of the street of attornion of the street o	he credit	or or o	other j	регѕог	n author	ized to	1	
1-10-07	_	y a f	- /1	Fus	•	<b>.</b>					USA CMC

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	Du	DIC L O	Nevad		
	DIS	KICI U	nevad	<u> </u>	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL	Case	Number	77 C-	I RD	
MORTGAGE COMPany			725-		
NOTE This form should not be used to make a claim for an administ of the ease. A request for payment of an administrative expense ma					
of the case. A request for payment of an administrative expense ma	y de meu j	oranatit i(		7 70 7	
Name of Creditor (The person or other entity to whom the				re that anyone laim relating to	
Trustee of the Diagram Daker	your			of statement	
dublor own mancy or property) FICHARD M RAKER Trustee of the Richard M RAKER 110109 trust dated 3-18-98	Ęivii	ig particul	ars		
Name and address where notices should be sent				ever received any toy court in this	
Name and address where notices should be sent RICHARD M RAKER	case		Danniup	,., vous iii iiii)	
982 shoreline Drive ayyou				differs from the	
Tulephone number (050-377-0760		ourt	. chvelope s	ent to you by	This Space is for Court Use Only
Last four digits of account or other number by which creditor			replaces		LICA An [al
identifies debtor	ıf th	s claim	amends	a previously fi	led claim dated <u>USA (Aprila)</u>
1 Basis for Claim					11 U S C § 1114(a)
Goods sold				es and compent ts of your SS #	sation (fill out below)
Services performed  Money loaned					vices performed
Personal injury/wrongful death			•		
Taxes See ExhibiTA				(date)	(date)
	3	If cour	t mdamer	t, date obtaine	
2 Date debt was incurred PODOS	3	11 COUI	. Juugmen	ic, date obtaine	u
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe you	claim and	state the amour	t of the claim at the time case filed
See caverse eide for unportant evaluations		_	ed Claim		
Unsecured Nonpriority Claim \$ 202, 420, 15		P	Check this h	ox if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it of if c)	r claim or		of setoff)	jour oluini	
only part of your claim is entitled to priority		I	Brief Descri	ption of Collate	ral
Unsecured Priority Claim		)	Real Est	ate Motor	Vehicle Other
Check this box if you have an unsecured claim ail or part of w	vhich is		Value of Co		nknown
entitled to priority		Amour	nt of arreara	age and other ch	arges at time case filed included in
Amount entitled to priority \$		sucure	d claim if i	any \$ <u>292</u>	<u> </u>
Specify the priority of the claim					urchase, lease or rental of property
Domestic support obligations under 11 USC \$ 507(a)(1)(A) o	г Г	or service \$ 507(a)		onal family or h	ousehold use 11 U S C
(a)(1)(B)	П			wed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within	n 180		-	-	h of 11 USC § 507(a)()
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4)	∪rs [] *Ar			. •	1/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a					or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$			262,420	15 262,420,15
Check this box if claim includes interest or other charges in add	dition to th	unsecun e principa		(secured) of the claim Att	(priority) (Total) ach itemized statement of all
interest or additional charges		,			
6 Credits The amount of all payments on this claim has been	credited a	nd deduc	ted for the	purpose of	THIS SIACE IS FOR COURT USE ONLY
making this proof of claim	a	0		nusahasa	
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contraction.		-	•	•	
agreements and evidence of perfection of lien DO NOT SEN		-			
documents are not available explain. If the documents are volu					
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of you	ıı çlaim, e	enclose a sta	amped, self-	FILED JAN 1 2 2007
Date Sign and print the name and title if any of the	the credito	r or other	person aut		ILLD OTHER TO COOL
1   - Alle this clare lattack control power of the	rncy if an	RIC	hARD.	Raker	
110/01	,	,,,,			USA CMC
Jake In	15/ce				
Penalty for p esenting fraudulent claim. Fine of up to \$500,000 or	unprisonn	ent for u	to 5 years	or both 18 U	S C 1072502188

United States Bankruptty Court	Dis	TRICT	OF Nevada	PROOF OF CLAIM		
Name of Dahar USA Commercial Mortgage Company				PROOF OF CLAIM		
NOTS. This form should not be used to make a claim for an administrative expense of the case. A natural for payment of an administrative expense of	istrative asp by Sa Field ;	one del Pursund	ing after the commencements to 11 U.S.C. § 503	11		
Name of Creditor (The person of other entity to whom the debies of Change Barth Custodian for RICHARD W GILMOUR, IRA	Bjáli John apra	hay filod claim, g partic	you are aware that anyons a proof of cleins relating a August copy of statement situs.  You have never received a	•		
Richard W Gilmour PO Box 1241 Cameno Island, WA 98292-1241	Char	k box if	the bankruptcy court in the the address differs from the emvelope sent to you by			
Telephone number 380-387-9807  Law four digits of account or what number by which creditor identifies debtor 7502	Ches	ourt s here s claim	replaces	This South is the Count Let (by a		
1. Bests for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		R W	gares benefits at defined lages statement and composit four digits of your SS spaid composition for a composition for a composition (date)	m 11 U.S.C. § 1114(a) nisatron (fiji out bulow)		
2. Date debt was incurred; 03/21/08	3.	II soc	rs judgment, date abtels	<del>क</del> ्ष्यं इ		
Check this box if 2) there is no colleteral or lien securing you b) your claim exceeds the value of the property securing it, or if a) only pert of your claim is coulded to priority.  Onsecured Priority Clause	Priority Claus  Real Entate Motor Vehicle Other  Walte box If you have an unaccured claim all or part of which is  Value of Colleges! S Unknown					
Amount cathled to priority \$		FOCISTO	delam, if emy \$ 897.	26		
Specify the princey of the childs.  Doministic support obligations in dec 11 U.S.C. is SURER (NA) of \$1(1)(B).		3077(a) 3 201410 3 201410	es for personal, family, or	purchase, issue, or rental of property household use II U.S.C		
Wages, salance, or commissions (up to \$10,000)," earned within lays before filling of the hankrupicy petition or commission of the debusiness whichever is earlier - 11 U S C + 50°(a)(4)	180	Other - 3	becily applicable paragrap	popul units = 11 U.S.C. § 507(a)(8),  ph of 11 U.S.C. § 507(a)()  41.107 and every 3 years thereafter		
Contributions to an employee benefit plan. II U.S.C. 4 507(a.				a or ofter the date of adjustment.		
5. Total Amount of Chain at Three Case Filed	_	160.69 (umbuzu princips	(heaved)	160,697.26 (priority) (Total) ach itemized statement of all		
County russ dow it cremit increment inteless of afoct custoes in Fat						
Check this box if claim includes interest or other charges in add interest or additional charges.  Credets The amount of all payments on this claim has been	credited an	d Ceduc	ien for the numbers of			
i. Credits The amount of all payments on this cialm has been making this proof of claim.  Supporting Documents Attach copies of supporting docume orders invoices, stemsted statements of running eccounts control.	enis, such di ces, court ju	dgmare dgmare	kary notes, purchase marte about security	THE SPORTS ION COUNT USE ONLY		
increase of nonnormal changes.  Credets The amount of all payments on this cialm has been making this proof of claim.  Supporting Documents Attach copies of supporting docume orders invoices, stemated statements of running accounts contra agreements, and evidence of perfection of liam. DO NOT 3ENI documents are not available, explain if the documents are your Date-Staraped Copy. To receive an acknowledgment of the financiated envelope and copy of this proof of claim.	pals, such as ces, colorcia D ORIGIN, ninois, atta ing of your	i promis idgment AL DOC ch a sun oleim, o	skry notes, purchase is marigages, security CUMENTS If the innery relose a stamped, self-	FILED JAN 1	0 20	
i. Credets The amount of all payments on this cialm has been making this proof of claim.  Supporting Documents. Attach copies of supporting docume orders. Invoces, stemsted statements of running eccounts contral agreements, and evidence of perfection of liam. DO NOT 3EN documents are not available, explain. If the documents are your Date-Staraped Copy. To receive an acknowledgment of the fi	pris, such as ces, court, poor court, point of court, and court of your ces, if any)	promusidgment AL DOX th a sun claim, o	skry notes, purchase is marigages, security CUMENTS If the innery relose a stamped, self-		0 20	

PAGE 02

United States Bankruptcy Court	Dı	STRICT (	)F_	Nevada	PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR					
NOTE This form should not be used to make a claim for an administ of the case. A request" for payment of an administrative expense ma						
Name of Creditor (The person or other entity to whom the dubtor owes money or property). Robert L. Ogren, Trustee for the benefit of the Robert L. Ogren Trust dated 6/30/92  Name and address where notices should be sent Robert L. Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120	elso you guv Cho	eck box if	a produced	y s		
Telephone number (702)369-6554		lress on th court.	e en	velope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor 127	t .	eck here his claim	H	replaces AMESBURY/ amends a previously t	HATTERS POINT LOAN Filed claim dated 11/26/06	
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		U L	age ast f	ee benefits as defined its salaries, and compete four digits of your SS and compensation for salaries (date)	nsation (fill out below) #ervices performed	
2 Dete debt	3.	If cou	rt n	udgment, date obtain		
1 1/10/02			·			
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 913,741 57  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$	r claim on one or which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - 3 mounts ar with resp	Che to of Street Value ont o cod cl	ck this box if your claim setoff)  of Description of Collate Real Estate Motorie of Collateral \$_U\$  of arrearage and other claim, if any \$_11,00  of deposits toward pror personal, family or making owed to governmently applicable paragraphics to adjustment on to cases commenced of 913,741 57	eral or Vehicle Other— inknown narges at time case filed included in 1/2 43  ourchase, lease, or rental of property household use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter in or after the date of adjustment	
Check this box if claim includes interest or other charges in add	`	(imsecum	ed)	(secured)	(property) (Total)	
Credits. The amount of all payments on this claim has been making this proof of claim.	credited:	and deduc	ted	for the purpose of	THIS SHACT- IS HOR COURT USI- ONLY	
7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing 8. Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the fill this claim (attach copy of power of attoring the contraction).	octs, court D ORIGI minous, and ing of you	judgmen NAL DO itach a sur ur claim, o	ts, n CUI nma encle	mortgages security MENTS If the ary ose a stamped self-	FILED JAN 1 0 2007	
01/08/2007 Robert 1. Oge	T	TE	م <u>عر</u> <u>ت</u>		USA CMC	

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United States Bankruptcy Court	Dis	TRICT O	F_	Vevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case				
NOTE This form should not be used to make a claim for an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Robert L. Ogren, Trustee of the Robert L. Ogren Trust dated 6/30/92 (Acct#2)	else you	ck box if has filed a claim A ng particuck box if	a pr ttac lars.	,	
Name and address where notices should be sent Robert L. Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120	noti case Che	ces from i ck box if	the i	bankruptcy court in this address differs from the velope sent to you by	
Telephone number (702)369-6554	the	court.			THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 1901		ck here is claim		replaces arnends a previously fi	led clarm dated
1. Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		∐ W La Uı	age: ast f npar	te benefits as defined in s, salaries, and compen our digits of your SS # id compensation for se (date)	sation (fill out below) rvices performed
2. Date debt was incurred. 11/18/05	3.	If cour	rt jı	idgment, date obtaine	d.
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 162,245.56  Check this box if a) there is no collateral or lien securing you be just of your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$	r claim, or none or  which is  or  in 180  representations and the second of the second or the secon	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other -:	Che t of Brief Value ont o cod cl	Claim  ck this box if your claim setoff)  of Description of Collate Real Estate Motor the of Collateral \$	eral  T Vehicle  Other  Organizations of the case filed included in
5. Total Amount of Claim at Time Case Filed-	\$	162,24			162,245 56
Check this box if claim includes interest or other charges in ad interest or additional charges	dition to ti	(иляесия) не ргилсир		(secured) mount of the claim Att	(priority) (Total) ach itemized statement of all
6. Credits. The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volu.  8. Date-Stamped Copy: To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of file this claim (attach copy of power of atto.)	ents, such acts, court ID ORIGI minous, al iling of you	as promi judgmen NAL DO tach a sui ur claim, or or other y)	ssor ts, n CU mm	y notes, purchase nortgages, security MENTS If the ary	THIS SPACE IS HOR COURT USE OMLY ILED JAN 10 2007
01/08/2007 Koluh J. Ogun	77	<u> </u>			USA CMC

Case 06-10725-gwz Doc 8708-2 Er	tered 07/24/11 14:46:20 Page 12 of 12
	OOF OF CLAIM
Name of Debtor Case N	umber
NOTE See Reverse for List of Debtors and Case Numbers	6-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating
Name of Creditor and Address 11321241001557	to your claim Attach copy of statement giving particulars  Check box if you have
THE ROBERT R RODRIGUEZ REVOCABLE TRUST DATED 1/31/06 C/O ROBERT R RODRIGUEZ TRUSTEE	never received any notices from the bankruptcy court or BMC Group in this case  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
2809 EASY ST PLACERVILLE CA 95667-3906	Check box if this address differs from the address on the envelope sent to you by the  ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( )	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C § 1114(a)  Unremitted principal
Goods sold Personal injury/wrongful death  Services performed Taxes Wages	salaries and compensation (fill out below)  Other claims against service (not for loan balances)
1 1 4 Managarian and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	compensation for services performed from to
2 DATE DEBT WAS INCURRED 3 IF 0	(date) (date) COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$	Charletter broad and
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 152,2	with respect to cases commenced on or after the date of adjustment  9.7.26 \$ \$150,092,06
AT TIME CASE FILED	97 26 \$ \$ \\ \( \)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s running accounts, contracts court judgments, mortgages security agreement DOCUMENTS if the documents are not available explain. If the documents	uch as promissory notes, purchase orders invoices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim, enclose a stamped, self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporate governmental units)	10 Pacific time on November 13, 2006
BY MAIL TO BMC Group BMC Group	OR OVERNIGHT DELIVERY TO FILED JAN 11 2007
Attn USACM Claims Docketing Center Attn USA	ACM Claims Docketing Center
1000 Las	st Franklin Avenue do CA 90245
DATE SIGN and print the name and title if any of the creditor	r other person authorized to file USA CMC
TAN 9, 2007 this claim lattach copy of power of attorney if any)	) - Thustee